

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15927
Registar's No. 4220

FILED MAY 14 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY OR TOWN St. Louis Mo.	
c. LENGTH OF STAY (in this place) 2 wks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS 5548 Delmar Blvd 2129	
3. NAME OF DECEASED a. (First) John J Lewis b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 4-22-1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-6-1888 64
9. AGE (in years last birthday) 64	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Stix Baer Fuller	11. BIRTHPLACE (City and State or Foreign Country) Chicago Ill.
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME John Lewis	13b. MOTHER'S MAIDEN NAME Mollie Fallon	14. NAME OF HUSBAND OR WIFE Margaret Kilcullen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 488-03-1496	17. INFORMANT'S SIGNATURE OR NAME Margaret Lewis 5548 Delmar blvd.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGIC DUODENAL ULCER SUBTOTAL GASTRECTOMY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ULCER. INTERVAL BETWEEN ONSET AND DEATH 8 DAYS	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION DUODENAL ULCER	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	541.0
22. I hereby certify that I attended the deceased from 4/14, 1953, to 4/22, 1953, that I last saw the deceased alive on 4/22, 1953, and that death occurred at 11:30 a.m. from the causes and on the date stated above.			
23a. SIGNATURE J. C. Middleton M.D.	(Degree or title) M.D.	23b. ADDRESS 462 N. Taylor	23c. DATE SIGNED 4/25/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-25-1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. APR 23 1953	REGISTRAR'S SIGNATURE J. C. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Fun. Dir. 2849 N. Euclid	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4108.....

P. O. Address St. Louis Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.